

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007078

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 8 1963

Primary Registration District No. 1002

Registrar's No.

1009

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 58 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS 817 CHERRY STREET BLACKSTONE HOTEL	
3. NAME OF DECEASED (Type or print) EPHRAIM EPHRAIM PHARRIS Teters		4. DATE OF DEATH February 13, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1890
9. AGE (last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		11. BIRTHPLACE (City and state or country) MACON COUNTY MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME ROBERT L. TETERS	
14. MOTHER'S MAIDEN NAME EMMA TRUITY		15. NAME OF HUSBAND OR WIFE MRS. ELSIE TETERS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		17. SOCIAL SECURITY NO. 25A CLARENCE TETERS	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		19. ADDRESS 3160 HAZELL KANSAS CITY KANSAS	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-11-63 to 2-13-63 and last saw her him alive on 2-13-63		Death occurred at 12:36 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature]		22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 2-14-63		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE FEB. 15/1963		23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. DATE RECD. BY LOCAL REG. 2-14-63	
23f. REGISTRAR'S SIGNATURE Ruth Long		23g. FUNERAL DIRECTOR DW. NEWCOMER'S SONS	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Fuent

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.